

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Thompson Coburn Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tom O'Halleran For Congress

Mailing Address PO BOX 20375

City SEDONA State AZ Zip Code 86341

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
O'Halleran, Tom, , ,

Office Sought: House
 Senate
 President
State: AZ District: 01

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C C00582890
Transaction ID : SB23-EX1421
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. McCaskill Victory Fund

Mailing Address 300 St James Suite 104

City Columbia State MO Zip Code 65201

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
McCaskill Victory Fund

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify)
Calendar Year 2018

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB23-EX1422
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Tina Smith For Minnesota

Mailing Address PO Box 14362

City Saint Paul State MN Zip Code 55114

Purpose of Disbursement
Returned Check

011
Category/
Type

Candidate Name
Smith, Tina, , ,

Office Sought: House
 Senate
 President
State: MN District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C C00663781
Transaction ID : SB23-EX142!
Amount of Each Disbursement this Period

Returned Check

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶